

# CLAIM FOR TEMPORARY LODGING EXPENSE

Data required by the Privacy Act of 1974. Authority: JFTP, par U5700. Principle Purpose: To establish the amount payable for Temporary Lodging Expense Allowance. Routine Uses: Reference is used to substantiate payment of Temporary Lodging Expense Allowances. DISCLOSURE: Mandatory. Failure to provide information will result in the loss of requested revenue.

<b>RANK</b>	<b>NAME</b> (Last Name, First, MI)	<b>SSN</b>	<b>Home Phone</b>	
<b>MAILING ADDRESS</b> (Number & Street)		<b>City/State</b>		<b>Zip Code</b>
<b>Current Unit Assignment</b>				<b>Unit Phone</b>
<b>Marital Status</b> (Circle One)  Single   Divorced   Married Dual Military		<b>If Military, Spouse's SSN:</b>		<b>Spouse's Current Duty Station</b>
Did you stay in off post lodging: Yes or No Statement of non-availability #		(without an SNA# from housing you are only authorized Reimbursement for the on-post rate)		
<b>LIST DEPENDENTS YOU ARE CLAIMING TLE FOR:</b>				
<b>NAME</b>	<b>RELATIONSHIP</b>	<b>Date of Marriage</b>	<b>Date of Birth</b>	
<b>Date HHG Picked Up</b>		<b>Did you do a DITY move?</b> Yes or No		
<b>Date HHG Delivered</b>		<b>If Yes, what date?</b>		
<b>LODGING INFORMATION</b>				
<b>PCS VOUCHER, ORIGINAL LODGING RECEIPTS, AND A FULL COPY OF ORDERS MUST BE ATTACHED TO THIS FORM</b>				
<b>I hereby certify that I was required to obtain temporary lodging for the following days:</b>				
<b>DAY</b>	<b>Date</b>	<b>Location of Lodging</b> (City & State)	<b>Daily Lodging Costs</b>	<b># Persons Claimed</b>
				<b>SM</b> <b>Over 12</b> <b>Under 12</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
<b>Date terminated quarters (if applicable):</b>				
<b>Date assigned quarters (if applicable):</b>				
<b>Departure date from old duty station:</b>				
<b>Arrival date at new duty station:</b>				
<b>SIGNATURE OF SERVICE MEMBER</b>			<b>DATE:</b>	
<b>This payment will be made electronically to your current direct deposit account.</b>				
<b>Signature of Finance Clerk:</b>			<b>Date:</b>	<b>Time:</b>

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